

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212518236					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN CANCER SOCIETY, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F1473364</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 250 WILLIAMS STREET NW</p> <p>CITY/ST/ZIP: ATLANTA, GA 30303-1002</p> </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: W. PHIL EVANS TITLE: PRESIDENT ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: W. PHIL EVANS TITLE: PRESIDENT ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY PHILLIPS TITLE: CHF COUNSEL/AS ADDRESS: 250 WILLIAMS STREET NW CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TIMOTHY PHILLIPS TITLE: CHF COUNSEL/AS ADDRESS: 250 WILLIAMS STREET NW CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: ROBERT R KUGLER TITLE: SECRETARY ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CYNTHIA L. LEBLANC TITLE: CHAIRMAN ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CYNTHIA L. LEBLANC TITLE: CHAIRMAN ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JOHN R SEFFRIN TITLE: CEO ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	JOHN ALFONSO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	BRIGGS W. ANDREWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	VINCENT F BARBETTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	PATRICIA BRADLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	ROBERT K BROOKLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	SHEILA P BURKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	TIM E. BYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	JUDITH E CALHOUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	MICHELE CARBONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	CARMEL J. COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	DEBRA J. COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	GRAHAM A. COLDITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	KEVIN J. CULLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	VINCENT T. DEVITA, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	DIANA S. DIAZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	BRYAN K. EARNEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	WILLIE GOFFNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	JOHN W. HAMILTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	ALLEN H. HENDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	SUSAN D HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	ENRIQUE HERNANDEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	MICHAEL E. KASPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	JEFFREY L KEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	DOUGLAS K KELSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	JOSEPH R. MAHONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	PAMELA K MEYERHOFFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	LINDA Z MOWAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	SCARLOTT K MUELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	EDWARD E PARTRIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS ST		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303-1002		
NAME:	GARY M. REEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	CLEMENT S ROSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	MARYJEAN SCHENK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	MAJORIE KAGAWA SINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN L SWANSON DIRECTOR 250 WILLIAMS ST ATLANTA, GA 30303-1002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA MILLON UNDERWOOD DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HASKELL SEARS WARD DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD K WARNE DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA J WORSHAM DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E YOULE DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIMOTHY PHILLIPS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY PHILLIPS, CHF COUNSEL/AS PRINTED NAME AND CORPORATE TITLE	5/16/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			